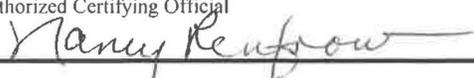


PUBLIC LAW 102-477
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)

1. Federal Agency and Organizational Element to which Report is Submitted Division of Workforce Development	2. Federal Contract or Other Identifying Number Assigned By Federal Agency DOI/BIA	OMB Approval No. 1076-0135	Page 1	Of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) Confederated Tribes of Grand Ronde 9615 Grand Ronde Road Grand Ronde, OR 97347				
4. Employer Identification Number 93-0899337	5. Recipient Account Number or Identifying Number 601-02/606	6. Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO	7. Basis <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL	
8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 10/01/2012	To: (Month/Day/Yr) 09/30/2015	9. Period Covered by this Report From: (Month/Day/Yr) 10/01/2013	To: (Month/Day/Yr) 09/30/2014	
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	804,133.18	975,193.73	1,779,326.91	
b. Recipient share of outlays	420,330.18	492,379.43	912,709.61	
c. Federal share of outlays	383,803.00	482,814.30	866,617.30	
d. Total unliquidated obligations			-0-	
e. Recipient share of unliquidated obligations			-0-	
f. Federal share of unliquidated obligations			-0-	
g. Total Federal share (Sum of lines c and f)			866,617.30	
h. Total Federal funds authorized for this funding period			866,617.30	
i. Unobligated balance of Federal funds (Line h minus line g)			-0-	
11. Indirect	a. Type of Rate (Place an X in appropriate box) <input type="radio"/> Provisional <input type="radio"/> Predetermined <input type="radio"/> Final <input checked="" type="radio"/> Fixed			
Expense	b. Rate SEE #12 Box	c. Base (See 12. Box)	d. Total Amount	e. Federal Share
12. Remarks: See instructions, Section 12 a. -g. for required and optional attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. b)2012 Rate: 45.37% c) Base: \$120,446.73 d)Total amount: \$54,646.68 e)Federal share: \$54,646.68 b)2013 Rate: 46.02% c) Base: \$248,153.75 d)Total amount: \$114,200.36 e)Federal share: \$114,200.36 b)2014 Rate: 38.76% c) Base: \$181,929.60 d)Total amount: \$70,515.91 e)Federal share: \$70,515.91				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title: Nancy Renfrow, Budget/Grant Coordinator			Telephone (Area code, number and extension) 503-879-4575	
Signature of Authorized Certifying Official 			Date Report Submitted 12/02/2014	

OMB Control No. 1076-0135
Expiration Date: 12/31/2013